

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
101796292

FILING DATE

APPLICANT(S)

2/27/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49		/				
50		/				
TOTAL IND.		8				
TOTAL DEP.		30				
TOTAL CLAIMS		38				

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IND.	DEP.	IND.	DEP.
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TOTAL DEP.			
TOTAL CLAIMS			